### 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062302

Entity Name: ILCATI 2901, LLC

### Current Principal Place of Business:

201 ALHAMBRA CIRCLE 601 CORAL GABLES, FL 33134

# **Current Mailing Address:**

201 ALHAMBRA CIRCLE 601 CORAL GABLES, FL 33134 US

## FEI Number: 20-4507270

### Name and Address of Current Registered Agent:

BARED AND ASSOCIATES, PA 201 ALHAMBRA CIRCLE 601 CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

| SIGNATURE                     | : PABLO R.BARED, ESQ.                    |                 |                            | 02/12/2015 |
|-------------------------------|--|-----------------|----------------------------|------------|
|                               | Electronic Signature of Registered Agent |                 |                            | Date       |
| Authorized Person(s) Detail : |  |                 |                            |            |
| Title                         | MGR                                      | Title           | MGR                        |            |
| Name                          | ROMANILLOS VILLANUEV, CLAUDIA            | Name            | OROZCO LOZANO, MAHIELLI    |            |
| Address                       | 201 ALHAMBRA CIRCLE<br>601               | Address         | 201 ALHAMBRA CIRCLE<br>601 |            |
| City-State-Zip:               | CORAL GABLES FL 33134                    | City-State-Zip: | CORAL GABLES FL 33134      |            |
| Title                         | MGR                                      |                 |                            |            |
| Name                          | SOLIS, EDUARDO                           |                 |                            |            |
| Address                       | 201 ALHAMBRA CIRCLE<br>601               |                 |                            |            |
| City-State-Zip:               | CORAL GABLES FL 33134                    |                 |                            |            |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SOLIS, EDUARDO

MGR

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No